



My name is Elaine Keller, President of the Consumer Advocates for Smoke-Free Alternatives Association (CASAA). I have no conflicts of interest to declare.

CASAA's mission is to save lives by providing the public with truthful information about effective, affordable, reduced-harm alternatives to smoking.

## Strong Predictors of Relapse

- Depression history
- Negative affect
- Duration of withdrawal symptoms
- Late onset exacerbations
- Severity of withdrawal

Piasecki TM, Fiore MC, Baker TB. Profiles in discouragement: two studies of variability in the time course of smoking withdrawal symptoms. *J Abnorm Psychol.* 1998 May;107(2):238-51.

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Let's consider what **prevents** sustained smoking abstinence.

Piasecki, Fiore, and Baker studied the time course and severity of withdrawal symptoms in two clinical trials of the nicotine patch in 1998. They identified several strong predictors of relapse. They pointed out that earlier research indicating that severity of withdrawal does not affect relapse failed to count lapsed smokers as part of the total cohort.

## Sophie's Choice

- Stop smoking (Quit)
  - Suffer immediate depression, anxiety, memory loss, attention deficits that impair ability to function
- Continue smoking (Die)
  - Risk future cancer, heart attack, stroke, or lung disease

Tobacco Advisory Group of the Royal College of Physicians, October 2007. Harm reduction in nicotine addiction: Helping people who can't quit. ISBN 978-1-86016-319-7.

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Smokers need better choices than Quit or Die.

The Royal College of Physician's 2007 report, Harm Reduction in Nicotine Addiction: Helping People who can't quit pointed out that some smokers may never be able to quit all nicotine use.

Half of these will die of smoking-related disease

Alternative nicotine products could provide a safer long-term substitute for cigarette smoking.

# Clearing the Smoke

“... the best way for those who already smoke to minimize their health risks is to **quit promptly**.”

Stratton, K., Shetty, P., Wallace, R., & Bondurant, S. (2001). Clearing the smoke: assessing the science base for tobacco harm reduction. Washington, DC: Institute of Medicine National Academies Press.



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The Institute of Medicine's 2001 report mentioned something that really should be obvious to everyone in this room.

The faster you can help smokers to stop inhaling smoke, the less irreversible damage will be done to their bodies. One tool to help smokers stop damaging their bodies as quickly as possible is switching them to non-smoked sources of nicotine, such as dissolvable tobacco orbs.

## More of the Same $\neq$ Harm Elimination

- On average, adults who smoke cigarettes die 13-14 years earlier than nonsmokers.<sup>1</sup>
- One more day of smoking could be fatal.
- Nicotine does not cause smoking-related diseases.<sup>2</sup>
- No reduction in life expectancy for smokers who switch to snus.<sup>3</sup>

1. Centers for Disease Control and Prevention. Smoking & Tobacco Use, Fast Facts. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/)
2. Benowitz, NL. Smokeless Tobacco and Disease: Evidence Related to Long-term Safety of Nicotine. <http://www.fda.gov/downloads/Drugs/NewsEvents/UCM232147.pdf>
3. Gartner CE, Hall WD, Vos T, Bertram MY, Wallace AL, Lim SS. Assessment of Swedish snus for tobacco harm reduction: an epidemiological modelling study. Lancet. 2007 Jun 16;369(9578):2010-4.

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Is anyone in this room satisfied with the smoking cessation rates? Sticking with the current methods will not bring about harm elimination.

To paraphrase Voltaire, “The perfect is the enemy of the good.” Let’s stop insisting on the perfection of complete nicotine abstinence. It isn’t working. Let’s strive for the good of harm reduction.

If switching to snus results in the same life-expectancy as becoming completely abstinent, it stands to reason that switching to a dissolvable form of tobacco could provide similar life-saving benefits.

## Better Choices

- Switch smokers to less hazardous source of nicotine
- All smokers are not identical
- Provide multiple options
  - Dissolvables, snus, e-cigs, NRT
  - Provide sufficient levels of nicotine

Tobacco Advisory Group of the Royal College of Physicians, October 2007. Harm reduction in nicotine addiction: Helping people who can't quit. ISBN 978-1-86016-319-7.

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Those who can quit using nicotine without becoming dysfunctional will do so eventually. Meanwhile, switching smokers to less hazardous sources of nicotine can halt the progression of irreversible damage to the body.

Smokers are as diverse as any other group of people. What works as an acceptable substitute for one smoker may not work as well for others. Some smokers might need a combination of smoke-free alternatives to keep their symptoms under control.

# Regulatory Best Practice

**“We should have no more regulation than the health, safety and security of the American people require.”**

President Barak Obama  
September 8, 2011

“Indeed, it has been predicted that even with the most intensive application of the most effective programs for abstinence and cessation, at least 10 percent to 15 percent of adults in the United States would continue to smoke.” -- IOM Report, “Clearing the Smoke”

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During the last decade smoking has caused the deaths of nearly 5 million Americans. There has not been a single death caused by dissolvables during those same ten years. Not one.

As they say in the computer programming world, “If it ain’t broke, don’t fix it.”

Members of this committee have an awesome opportunity: You can work to help as many smokers as possible stop inhaling smoke as quickly as possible.